PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V29078**

1. Corporation Name

UNIQUE ROOFING & CONSTRUCTION, INC.

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90259 011 ***150.00



								141) (141) 112) (141) (141)	
Principal Place of Business Mailing Address							(2.6 17		91914 91E41 1981
18344 NE 2 AVE. 18344 NE 2 AVE.									
		N MIAMI BCH. FL 33179				DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		*	•			1 -	04/10/1992		
l		2a. Mailing Address					FEI Number	Ι Δ,	oplied For
							65-0323090	<u> </u>	ot Applicable
21 26 Suite, Apt. #, etc Suite, Apt. #, etc.							<u> </u>		Additional
						5.	Certificate of Status Desired	Fee R	equired
		City & State	& State			-	Election Campaign Financing	\$5.00	May Be
23 28		⊢ ′				1	Trust Fund Contribution		to Fees
Zip	Country		Zip Country			8.	This corporation owes the current year Ir	tangible	
24	25	29 3	30			•	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current				•	10.	Name and Address of New Registered	Agent	
	8	1 Na	me				}		
OGEN, AVI				2 Str	eet Addre	ss (P	O. Box Number is Not Acceptable)		
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N MIAMI BCH. FL 33179			8	3					
			-	4 6				85 Zip	Code
			18	4 Cit	9		FI	_ 03 24	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered egistered
SIGNATURE Signature_typed or crinted name of registered event and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE OA								\	
S	Ignature, typed or printed name of registered agent			gent signa	ture required			ND DIDECTO	DDC (N 12
12.	OFFICERS AND	DELETE	13.		··· T	<i>F</i>	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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	N MIAMI BCH. FL			1.4 CITY-ST-ZIP 2.1 TITLE				☐ Change	Addition
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	N'MIAMI'BCH. FL	☐ DELETE	2. 4 CITY 3.1 TITLE					☐ Change	Addition
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CITY-ST-ZIP			6.4 CITY	-ST-ZIP			440 07/0)/// Placida Obstato I forthern	- 4:6 . 4h a4 4h a	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: